

Original or Best  
Patented Specimen

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/01/1987

CLAIMS

CLAIM NUMBER	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	6	2				
TOTAL DEP.	24	2	2	2	2	2
TOTAL CLAIMS	30	2	2	2	2	2

SERIAL NO.	FILING DATE	
APPLICANT(S)	10/01/1987	
TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		